

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90008 010 ****61.25

DOCUMENT # N00000002990

1. Entity Name
HYER - AMELIA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1001 E AMELIA STREET
ORLANDO, FL 32803**

Mailing Address
**1001 E AMELIA STREET
ORLANDO, FL 32803**

44001741



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3665860

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRIS, JERRY
1001 E AMELIA ST
ORLANDO, FL 32803**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **KAMINSKY, DAVID**
STREET ADDRESS **507 N HYER AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE **VPD** ☒ Delete
NAME **VAN DIJK, FRANS**
STREET ADDRESS **1003 E AMELIA STREET**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE **STD** ☐ Delete
NAME **HARRIS, JERRY**
STREET ADDRESS **1001 E AMELIA STREET**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VPD CARTY, MICHAEL**
STREET ADDRESS **1003 E. AMELIA ST.**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JERRY HARRIS, STD

1/5/04

407/237-5385